



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 2993

Bib Data Sheet

SERIAL NUMBER 10/800,678	FILING DATE 03/16/2004 RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. Q80337
-----------------------------	---------------------------------------	--------------	------------------------	----------------------------------

APPLICANTS

Keiko Sekine, Tokyo, JAPAN;
 Hiroshi Kishimoto, Tokyo, JAPAN;
 Masaki Katsumata, Tokyo, JAPAN; Yoichi Higuchi, Tokyo, JAPAN;
 Nobuhiko Ichikawa, Tokyo, JAPAN;
 Tadatsugu Onuma, Tokyo, JAPAN;

** CONTINUING DATA ***** *yes*
 This application is a DIV of 09/765,373 01/22/2001 PAT 6,714,329

** FOREIGN APPLICATIONS ***** *yes*
 JAPAN 012578/2000 01/21/2000
 JAPAN 083601/2000 03/24/2000
 JAPAN 126077/2000 04/26/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/31/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS
 23373
 SUGHRUE MION, PLLC
 2100 PENNSYLVANIA AVENUE, N.W.
 SUITE 800
 WASHINGTON, DC
 20037

TITLE
 Hologram plate and its fabrication process

<p>FILING FEE RECEIVED 770</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees (Filing)								
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)								
<input type="checkbox"/> 1.18 Fees (Issue)								
<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit								